			DIVISION					ۇ ك	UZ	1 0	JO	
Sar Ch Illin	17 4000	STAI	NDARD	CERTIF	ICATE O	F DEAT	ſΗ	Sta	te File No			
FILED JUN	1 (19 57	BEC D	IST. NO. /	10	PRIMARY REG.	DIST M	42	620.	istrar's No	40		
1. PLACE OF DEA	TH	ME6. 01	131. 110	9/	FRIMART REG.		VCF /P/	here deceased			**************************************	hed
a. COUNTY	Knox	Σ			a. STATE	Мо	W.		DUNTY		OX da	
b. CITY (If outside co OR TOWN KnC	rpurate limits, write R		rive c. Li wnship) STAY	O' YT'S	c. CITY OR TOWN	Kno	x Ci	ty	d. Is Re ■ cit Yes	y or incorn	thin limits corated town	of i?
d. FULL NAME OF (HOSPITAL OR INSTITUTION	Residence				STREET ADDRESS	0520	(If rurs), g	ive location)				
3. NAME OF DECEASED	a. (First)	·	b. (Midd	•	c. (Le			4. DATE	(Month)	_(Day) (Ye	ar)
(Type or Print)	TAYLOR		CAMPB	ELL	LEC	KBEE	1	OF DEATH	June	7,	エカング	,
5, SEX O 6.	COLOR OR RACE	7. MARRI WIDOW W1C	IED, NEVER N VED, DIVORCE LOWED	MARRIED, 1 ED (Specify)	8. DATE OF E			9. AGE (In y			n under Hours	и не Міз
10a. USUAL OCCUPATIO	ON (Give kind of working life, even if retired)	10b.; KINI	D OF BUSINE	ESS OR IN- DUSTRY	11. BIRTHPLA	Coun	ty State	cr Foreign (O(Azzano)	12. CIT COU	TIZEN OF VISA	WHA
3a. FATHER'S NAME			36. MOTHER			1		E OF HUSBA				
Wm. Sherma	an Leckbe	96	Effi	e Bear				lpha 1		atto		
IS. WAS DECEASED EVE (Yes, no, or unknown) (If	R IN U.S. ARMED	FORCES?	16. SOCIAL	SECURITY NO.	17. INFORI			TURE OR		noz	ADDRE C1ty	
no I	ð		lost		· rus	THE PARTY OF THE	TIT L	*******		** ^ ~ ~		٠.
			5.41	EDICAL C	<u> </u>	LIQUA		*****		1 INTE	RVAL BET	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	ONDITION DING TO DEA		EDICAL	CERTIFICAT	sce	Ou	pen	nale		RVAL BET ET AND D	WEE
Enter only one cause per line for (a), (b), and (c)	ANTECEDENT CA	ING TO DEA	ATH*(a)	Car	<u> </u>	sce	mon	yen	uāl.			WEE
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision..

Signature of Student Embalmer

Student Embalmer No. 9. 4

Licensed Embalmer No. 9.1 P. O. Address Edsina

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.